



CITY OF DETROIT
CULTURAL AFFAIRS DEPARTMENT

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DETROIT FILM OFFICE

Location Use Form (Please Print)

Company: _____ Contact: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Fax: _____

Name/Nature of Project: _____

Producer: _____ Director: _____

Prod. Mgr.: _____ Loc.Mgr. _____

Dates of Filming: _____

Exact locations, dates and times each scene will be filmed: _____

Describe scene(s) to be filmed: _____

List firearms, dangerous materials, animals or special effects required at location: _____

Public Liability Insurance Company, Policy # and Agent: _____

Attach certificate of insurance with "City of Detroit" name and proof of \$1 million liability insurance.

List equipment to be used at location: _____

Number in crew: _____ Number of trucks: _____ Number of cars: _____

Miscellaneous: _____

Please fax this form to (313) 224-3399

Survey sent: _____ Survey received: _____

Detroit Film Office Use Only

Detroit Film Office Approval: _____ yes _____ no _____ initials _____ date